

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY

Item No.	Description of Records Series	Authorized Retention Period & Instructions
1.	<p>This supersedes Schedule 1560.</p> <p>APPLICATION/LICENSE SERIES – Folders containing material pertaining to the licensure or certification of the following facilities:</p> <ul style="list-style-type: none"> A. Ambulatory Care B. Nursing Homes C. Adult Day Care D. Nursing Staff agencies E. Developmental Disability agencies/sites F. Assisted Living G. Labs and related sites H. Substance Abuse I. Mental Hygiene J. Hospitals/HMOs K. Residential Treatment Centers L. Prisons 	<p>Retain the most recent expired licensure files in office for one licensure period; then transfer files to on-site storage for three (3) years; after all audit requirements are met, transfer files to the State Records Center for an additional five (5) years; then destroy.</p>
2.	<p>COMPLAINT REPORTS SERIES – Reports containing the results of investigations involving the following facilities as a result of a complaint or self-reported incident received by OHCQ:</p> <ul style="list-style-type: none"> A. Ambulatory Care B. Nursing Homes C. Adult Day Care D. Nursing Staff agencies E. Developmental Disability agencies/sites F. Assisted Living G. Labs and related sites H. Substance Abuse I. Mental Hygiene J. Hospitals/HMOs K. Residential Treatment Centers L. Prisons 	<p>Retain active and closed complaint files for the most recent expired licensing period in office for one licensure period; then transfer closed files to on-site storage for three (3) years; after all audit requirements are met, transfer files to the State Records Center for an additional five (5) years; then destroy.</p>

APPROVED BY: (DHMH Official) DATE: 6/27/05

SIGNATURE: Carol Benner

NAME/TITLE: CAROL BENNER, Executive Director

AUTHORIZED BY: (ARCHIVES) DATE: AUG 09 2005

SIGNATURE: Edward C. Papenfuse Jr.

NAME/TITLE: EDWARD C PAPENFUSE, JR., State Archivist

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 786-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>2</u></p>			
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board <u>OHCCQ</u></p>		<p>3. Division/Unit or Section</p>			
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>							
<p>4. Record Series Title <u>Applications/License Series.</u></p>				<p>5. Earliest Year/Latest Year _____ to _____</p>			
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>materials pertaining to licensure or certification of the following</u></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>A. Ambulatory Care Facilities B. Nursing Homes C. Adult Day Care D. Nursing Staff agencies E. Developmentally Disabled Agencies/Center F. Assisted Living</p> </td> <td style="width:50%; vertical-align: top;"> <p>G. Labs & Related Sites H. Substance Abuse I. Mental Hygiene J. Hospitals/HMO's K. Residential Treatment Ctr. L. Prisons</p> </td> </tr> </table>						<p>A. Ambulatory Care Facilities B. Nursing Homes C. Adult Day Care D. Nursing Staff agencies E. Developmentally Disabled Agencies/Center F. Assisted Living</p>	<p>G. Labs & Related Sites H. Substance Abuse I. Mental Hygiene J. Hospitals/HMO's K. Residential Treatment Ctr. L. Prisons</p>
<p>A. Ambulatory Care Facilities B. Nursing Homes C. Adult Day Care D. Nursing Staff agencies E. Developmentally Disabled Agencies/Center F. Assisted Living</p>	<p>G. Labs & Related Sites H. Substance Abuse I. Mental Hygiene J. Hospitals/HMO's K. Residential Treatment Ctr. L. Prisons</p>						
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p>• Letter Size • Film/Slides • Kept on Hard Drive (35mm, etc) • Legal Size • Microfilm • Computer Tape Microfiche • Roll _____ • Audio Tape • Floppy Disk • Bound Book • Video Tape • CD, DVD, etc • Card _____ • Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p>• Alphabetical • Numerical • Chronological • Geographical • Other (specify) _____</p>		<p>9. Volume</p> <p>• File Drawer(s) • Microfilm Reel(s) • Computer Tape(s) • Other (specify) _____</p> <p>Number _____</p>			
<p>11. File is Used • Daily • <u>Weekly</u> • Monthly • Annually</p>		<p>12. File Becomes Inactive After _____ • Month(s) <u>1, 2, or 3 years</u> Number • Year(s)</p>					
<p>13. Current Location(s) (Bldg., Floor, Room) <u>Spring Grove - Blair Bryant Bldg</u></p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <u>No</u> Agency/Format _____</p>					
<p>15. Privacy/Access Restrictions <u>X</u> Yes • No • Personal • Medical • Proprietary • Classified • Other _____ (If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements • None • Internal <u>X</u> • OIG <u>X</u> Legislative <u>X</u> Federal • Independent</p>					
<p>17. Is an Index System used? If yes, explain briefly and describe requirements • Yes • <u>No</u></p>		<p>18. Recommended Retention: In Office And In Storage (Each Format) <u>Keep on office one licensure period after expiration</u> <u>Store 3yrs in office + 5yrs Jessup</u></p>					
<p>19. Name and Title of Preparer <u>J. Kravitz, Records Officer</u> E-mail address: _____</p>		<p>20. Location: <u>201 W Preston St</u> Telephone Number: <u>410 767-5934</u> Room # _____</p>		<p>21. Date <u>6/28/05</u></p>			

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>2</u></p>													
<p>1. Department/Agency</p> <p>DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board <i>OHCB</i> <i>Health Care Quality</i></p>		<p>3. Division/Unit or Section</p>													
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>																	
<p>4. Record Series Title</p> <p><i>Complaint Report Series</i></p>				<p>5. Earliest Year/Latest Year</p> <p>_____ to _____</p>													
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><i>Reports on investigations involving the following as a result of complaint or self-reported incident.</i></p> <table style="width:100%;"> <tr> <td><i>A. Ambulatory Care</i></td> <td><i>E. Dev't Disab. agencies/sites</i></td> <td><i>I Mental Hygiene</i></td> </tr> <tr> <td><i>B. Nursing Homes</i></td> <td><i>F. Assisted Living</i></td> <td><i>J. Hosp/HMO's</i></td> </tr> <tr> <td><i>C. Adult Day Care</i></td> <td><i>G. Labs + Related Sites</i></td> <td><i>K. Rest Treatment Ctrs</i></td> </tr> <tr> <td><i>D. Nursing Staff Agencies</i></td> <td><i>H. Substance Abuse</i></td> <td><i>L. Prisons</i></td> </tr> </table>						<i>A. Ambulatory Care</i>	<i>E. Dev't Disab. agencies/sites</i>	<i>I Mental Hygiene</i>	<i>B. Nursing Homes</i>	<i>F. Assisted Living</i>	<i>J. Hosp/HMO's</i>	<i>C. Adult Day Care</i>	<i>G. Labs + Related Sites</i>	<i>K. Rest Treatment Ctrs</i>	<i>D. Nursing Staff Agencies</i>	<i>H. Substance Abuse</i>	<i>L. Prisons</i>
<i>A. Ambulatory Care</i>	<i>E. Dev't Disab. agencies/sites</i>	<i>I Mental Hygiene</i>															
<i>B. Nursing Homes</i>	<i>F. Assisted Living</i>	<i>J. Hosp/HMO's</i>															
<i>C. Adult Day Care</i>	<i>G. Labs + Related Sites</i>	<i>K. Rest Treatment Ctrs</i>															
<i>D. Nursing Staff Agencies</i>	<i>H. Substance Abuse</i>	<i>L. Prisons</i>															
<p>7. Record Series Format(s) List all</p> <p>Paper: <i>A</i> Letter Size Film / tape: _____ Electronic: _____</p> <p>• Film/Slides (35mm, etc)</p> <p>• Legal Size • Microfilm/ Microfiche • Computer Tape</p> <p>• Rolls _____ • Audio Tape • Floppy Disk</p> <p>• Bound Book • Video Tape • CD, DVD, etc</p> <p>• Card _____ • Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p>• Numerical</p> <p>• Chronological</p> <p>• Geographical</p> <p>• Other (specify) _____</p>		<p>9. Volume</p> <p>• File Drawer(s)</p> <p>• Microfilm Reel(s)</p> <p>• Computer Tape(s)</p> <p>• Other (specify) _____</p> <p>Number _____</p>													
<p>11. File is Used • Daily • <u>Weekly</u> • Monthly • Annually</p>		<p>12. File Becomes Inactive After <i>HVR</i> • Monthly • Year(s) _____</p>															
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><i>Spring Grove - Bland Bryant Bldg.</i></p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>• Yes • <u>No</u> Agency/Format _____</p>															
<p>15. Privacy / Access Restrictions • Yes • No</p> <p><u>Personal</u> • Medical • Proprietary • <u>Classified</u> • Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements • None • Internal • OIG</p> <p>• Legislative • Federal • Independent</p>															
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p>• Yes • <u>No</u></p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><i>Keep in office 1 license period after expiration</i> <i>Store 3yrs on site + 5yrs Jessup</i></p>															
<p>19. Name and Title of Preparer</p> <p><i>T. Krawits, Records Officer</i></p>		<p>20. Location: <i>301 W Preston St</i></p> <p>Telephone Number# <i>410 767-5934</i> Room# _____</p>		<p>21. Date</p> <p><i>6/28/05</i></p>													